MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
1276

1. PLACE OF DEATH

County **Jackson**

Township **Kaw**

Registration District No. **399**

Primary Registration District No. **1002**

City **Kansas City** (No. **2326**, **Terrace**

File No.

Registered No. **214**

St. .... Ward)

2. FULL NAME **Sarah Lucas Kuellmer**

(a) Residence, No. **2326 Terrace** St., ... Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not known

7. AGE YEARS **57** MONTHS **-** DAYS **-** If LESS than 1 day, ... hrs. or ...... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known **31**

13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Mary Brown

(ADDRESS) 2326 Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE 1-27- 1932

19. UNDERTAKER J.P.Louis Funeral Home

(ADDRESS) Kansas City, Mo.

20. FILED Jan 26, 1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-22, 1932

22. I HEREBY CERTIFY, That I attended deceased from ...., 19...... to ...., 19......

I last saw h...... alive on ...., 19...... Death is said to have occurred on the date stated above, at .... m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

1/31

1930

Other contributory causes of importance:

Chronic intersistial nephritis

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 19......

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....

If so, specify ....

(Signed) Stanley M. Hasty M. D.

(Address) ....